## PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CORPERED CORPERDONDEN	ICE ADDRESS Older Legibly	mark-un with any corrections or t	ise Block I)	Note:	The certificate	of mailing below can or	aly be used for domestie	
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I)  7590 01/02/2002					Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.			
JACOBSON PRICE HOLMAN & STERNO IPE								
400 SEVENTH STREET NW					Certificate of Mailing			
WASHINGTON, DC 20004					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first elass mail in an envelope addressed to the Box Issue Fee address above on the date			
Wilding		MAR 2 8 200	12 **)	envelo	ope addressed ted below.	to the Box Issue Fee ad	dress above on the date	
		MAR 2 8 200	~ <u>;</u>	TIMUCE.	ace ociow.		(Depositor's name)	
	. <b>4</b>	(Signature						
MADEMARK				(Date)				
		_						
APPLICATION NO.	FILING DATE	F	FIRST NAMED INVE			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/269,723	09/269,723 06/01/1999 HUBERT			OIS P63423US0 1493				
ITLE OF INVENTION: COMPOSITE WEAR COMPONENT								
TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FE	E TOTAL FEE(S) DUE	DATE DUE	
11	nonprovisional	YES	\$640	-	\$0	\$640	04/02/2002	
		ADDITION	CI ASS SUIDC	224	ר			
EXAMINER		ART UNIT			J			
MANLOVE	E, SHALIE A	1772	426-0070					
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, the names of up to 3 registered patent attorneys JACOBSON HOLMAN, PLLC								
CFR 1.363). Use of PTC but not required.	or agents OR.	nts OR, alternatively, (2) the name of a						
<u>-</u>	ndence address (or Chang	ge of Correspondence	single firm (h	aving a	s a member a	registered ,		
Address form PTO/SB		attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name						
© "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			is listed, no name will be printed.					
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
(A) MANIE OF ASSIGNED								
MAGOTTEAUX INTERNATIONAL S.A. Vaux-Sous-Chevremont, BELGIUM								
•• •	1,110	•						
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent)	0	individual 🔾 c	orporation or other private	group entity    government	
4. The following fre(s) are enclosed:  4b. Payment of Fec(s):								
X Issue Fee (: \$640	MA check in the amount of the fee(s) is enclosed. (ck. no. 57519)							
D Publication Fee			□ Payment by credit card. Form PTO-2038 is attached.					
□ Advance Order - # of Copies			☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number					
The COMMISSIONER C application identified abo		IDEMAKKS is requested	to apply the issue r	ce and r	uoncanon rec (	and the second s	reviously paid issue fee to the	
(Authorized Signature)	Allene	(Date)	03/28/02	T				
•	ned- Reg. No.			112	03/29/2002 1	HGUYEN2 00000043 092	69723	
TARR TEL Years Can	cepted from anyone							
other than the applicar interest as shown by the	ee or other party in rk Office.		01 FC:242		640.00 DP			
Prodes Your Statement This form is estimated to take 0.2 hours to complete. Time will vary							•	
depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee,								
and Trademark Office,	DDRESS. SEND FEES	S AND THIS FORM T	O: Box Issue Fee,					
Assistant Commissione	r for Patents, Washingto	n, D.C. 2023 I		1				

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 07-01) Approved for use through 01/31/2004. OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE